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CONFIRMATION NO. 8089

<b>SERIAL NUMBER</b> 10/625,503	<b>FILING OR 371(c) DATE</b> 07/22/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> ACM 349	
<b>APPLICANTS</b> Randall J. Huebner, Beaverton, OR; David G. Jensen, Troutdale, OR; Herbert Respass, Portland, OR;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/398,075 07/22/2002 and claims benefit of 60/484,262 06/30/2003 <i>OK</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/01/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>met</i>		<b>STATE OR COUNTRY</b> OR	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 40	<b>INDEPENDENT CLAIMS</b> 4
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>					
<b>ADDRESS</b> 23581					
<b>TITLE</b> Bone fusion system					
<b>FILING FEE RECEIVED</b> 1346	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		